

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1						51		
2		1					52		
3		1					53		
4		1					54		
5		4					55		
6		4					56		
7		1					57		
8	1						58		
9		1					59		
10		1					60		
11		2					61		
12		0					62		
13		0					63		
14		0					64		
15		0					65		
16		0					66		
17		0					67		
18		0					68		
19		0					69		
20		0					70		
21		0					71		
22			1				72		
23				1			73		
24				1			74		
25				1			75		
26				1			76		
27				1			77		
28				1			78		
29			1				79		
30				1			80		
31				1			81		
32				1			82		
33				1			83		
34				1			84		
35				1			85		
36				1			86		
37				1			87		
38				1			88		
39				1			89		
40				1			90		
41				1			91		
42				1			92		
43				1			93		
44				1			94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.			2				TOTAL IND.		
TOTAL DEP.			21				TOTAL DEP.		
TOTAL CLAIMS			23				TOTAL CLAIMS		